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A message from Des Kavanagh General Secretary

"Thankfully there are signs of recovery. Hopefully that recovery will be solidified in the months ahead. In recent years we have had to take this very difficult medicine. We have had to put up and shut up. It is now time however that we begin to assert our right to benefit from the recovery."



All of the Political Parties are getting themselves organised for the European and Local Government Elections. The first election material has started dropping through our letter boxes. Shortly, the canvassers will be arriving on our door steps, including Councillors, TDs, Senators and their supporters. For most of us this is as welcome as a headache. However, it does present us with an opportunity.

Public Servants in general and Graduate Nurses in particular have been targeted by Government in this recession. Many of our members have suffered extraordinary financial pressures as a result, many unable to meet mortgage payments, many depending on support from family in trying to weather this fiscal storm.

Thankfully there are signs of recovery. Hopefully that recovery will be solidified in the months ahead. In recent years we have had to take this very difficult medicine. We have had to put up and shut up. It is now time however that we begin to assert our right to benefit from the recovery. While many private sector works paid an even greater price in this recession, it is also the case that many other have continued to attract small pay increases. This year settlements of between 2-4% appear to be the norm. We will receive no pay increases. Our Nurses and other Front Line workers will continue to be pressurised to do more and more with less. Our wards, units and other facilities

will continue to be under-resourced. Our Graduates will continue to face emigration or yellow pack pay in Ireland.

This election presents you with the opportunity to tell the canvassers and politicians of your anger :

- Tell them how you have been impacted by this recession and Government Policies.
- Ask them do they support our right to restoration of our hard won conditions of employment at the end of the Public Service Agreement in 2016.
- Tell them of the plight of our Honours Graduates who are forced to accept the lowest rates of pay paid to anyone employed by the HSE, or alternatively to emigrate.
- Make sure that they carry back a message that we as Front Line Public Servants are extremely angry and that we will not be supporting any party that is not going to support us.

As someone else once said: 'Put them under pressure!'

Des Kavanagh
General Secretary

Grand Challenges: Integrating Mental Health Services into Priority Health Care

Michael Guilfoyle North Dublin Mental Health Services

There is an alarm bell ringing across the mental health services. It is the sound of angst amongst PNA members as demographic pressures and demands rise over the ability to deliver services. Concern grows over suicide amongst our young people, and cutbacks to crucial supports are placing badly needed services under real strain.

Latest figures show the suicide rate among teenage girls is higher in Ireland than any EU state, while the rate among young Irish males is the second highest (European Child Safety Alliance 2014). The continued population increase coupled with the fact we are experiencing a prolonged recession suggests that the demand for mental health services is increasing year on year.

However just when mental health services are needed most, according to many campaigners and professionals, they are in danger of fraying at the seams.

There are some encouraging projects on the ground and new governance arrangements aimed at ensuring mental health has a greater level of priority. We are also making good progress in closing down outdated institutions. A Vision for Change, published in 2006, set out a world-class blueprint on how to modernise mental health services within a decade, moving from old-style institutional care to a community-based model. It also promotes a recovery-based model where patients have a say in their care and where there is access to a wide variety of supports.

Implementation

The problem is implementation. Ongoing cutbacks to the public sector, a recruitment moratorium, delays over spending “ringfenced” money for community mental health teams all mean that progress in turning rhetoric into reality has been – in the words of the Mental Health Commission – “slow and inconsistent”.

The Government and the Health Service Executive have difficult choices to make trying to spread scarce resources across a sector where everything seems to be a priority. But, in the case of mental health services, cutting back will simply store up problems for the future. As the Mental Health Reform lobby group argues, “implementing a Vision for Change involves cost-effective solutions that, ultimately, would lead to more efficient and effective services”.

“The problem is implementation. Ongoing cutbacks to the public sector, a recruitment moratorium, delays over spending “ringfenced” money for community mental health teams all mean that progress in turning rhetoric into reality has been – in the words of the Mental Health Commission – “slow and inconsistent”.”

The Government often points to its pledge to ring-fence new monies annually for the recruitment of hundreds of specialist staff as a sign of how committed it is to modernising the sector and fulfilling its policies. It was a bold and ambitious pledge. But there is more than a hint of smoke and mirrors around it.

In previous years, a pattern emerged where this ring-fenced money ends up being diverted into containing cost-overruns in other parts of the health sector. Then, in order to keep up the pretence, some posts are taken up at the tail-end of the year, so authorities claim they have met their spending pledges. These time-related savings aren’t fooling anyone. In 2013 276.5 posts in nursing were allocated, to date only 78.5 have completed the recruitment process.

Why does this matter? Nurses and nurse managers say unfilled posts are resulting in professionals being pulled out of community services to plug gaps in inpatient care, a move that flies in the face of Government policy.

Whilst we acknowledge the commitment by the National Director of Mental Health Services to “bring greater certainty to local decision making around essential replacements and to increase local control over the selection of staff” we are concerned that time related savings generated will impede local service development and new quality initiatives.

Active monitoring and assessment are key as we move forward in 2014.

Meeting with An Bord Altranais agus Cnáimhseachais na hÉireann, (Nursing & Midwifery Board of Ireland)

Bernard Rice Officer Board Dublin North

“This Union is aware that all members are not happy with this increase in the retention fee, especially after the hits taken under Haddington Road. In order for the Board to be ‘independent’ there is a danger that in the future there will be a further increase.”

On Monday the 16th December 2013 a delegation from the PNA (Des Kavanagh, Michael Hayes and Bernard Rice) met the President and CEO of the Nursing and Midwifery Board of Ireland (NMBI) in relation to the recent increase in the Retention Fee.

This meeting was in response to a letter sent by Des as a result of the increase to the Retention Fee. Members of this union are angry at the increase in the fee from €88 to €100 per year, approx. a 15% increase. As nurses I feel that we should know what the increase is for and for what purpose.

The NMBI did not follow any consultation process and the decision was made by the Board after several internal discussions. The meeting was informed that in August 2013 the NMBI had decided not to increase the fee. So what happened for the NMBI to change this stance?

Our understanding is that the Board is an independent, self-regulatory body which is ‘for the purpose of the enhancement of the protection of the public in its dealings with nurses and midwives’. A Board that is funded by its’ members but provides services to the public on behalf of the government. So why did the board increase the fees? It appears that the Board require monies in order to implement the new legislation, along with the cost of other issues.

A number of areas of the legislation have been completed at a cost of €2.3 million. Another figure mentioned was €1.6 million....which was promised from the Department of Health (DoH)..... and would be issued to the Board only if the Retention Fee was increased.

This Union is aware that all members are not happy with this increase in the retention fee, especially after the hits taken under Haddington Road. In order for the Board to be ‘independent’ there is a danger that in the future there will be a further increase.

This independence, at a cost to our members, is to deal with the high cost of Fitness to Practice cases before the Board. The information given at the meeting clearly showed us that the Board’s function at present is to introduce the legislation and deal with the Fitness to Practice cases.

The Officer Board of the PNA, as a result of the increase, have set up a sub-committee in order to meet with the board on the issue of the retention fee.

This committee comprises of Tracy Quigley, Peter Hughes, Paul Brophy and Bernard Rice (Chairman). The committee will meet in order to set the agenda to inform the Board of the views and anger of the members of this union. The Board need to be made aware of these views/anger and this will be a function of this committee.

Intellectual Disability Nursing

The Vision to Change

Liam Hamill, Officer Board I.D. Representative

“On completion of the 4yr Nursing Degree Programme, Intellectual Disability Nurses will have focused on the fundamentals of nursing practice and will have specialised on health promotion, support, inclusion and valuing of people with intellectual disabilities.”

With the publication of recent reports such as The Congregated Settings Report, Vision for Change, New Directions and Progressing Disabilities for Children and Young People, Intellectual Disability Nurses are facing huge changes in the way services for people with an intellectual disability are to be delivered.

Rather than this being perceived as a threat to Intellectual Disability Nurses, it should be seen as a tremendous opportunity to shape the future of the RNID role. It is important therefore that as we work towards a more inclusive society, the RNID continues to provide high standards of care and support for people with an intellectual disability and their families.

In order to adapt to this changing role, Intellectual Disability Nurses themselves need to develop a better understanding of their own nursing practice.

Does an RNID provide medical/nursing care?

Does an RNID provide social care?

Does an RNID provide education?

The answer is all of the above. On completion of the 4yr Nursing Degree Programme, Intellectual Disability Nurses will have focused on the fundamentals of nursing practice and will have specialised on health promotion, support, inclusion and valuing of people with intellectual disabilities.

The role of the RNID has many facets, some of which include

Good health promotion

Supporting and advocating for people with intellectual disabilities

Family support

Promoting inclusion.

They will work in areas such as

Disorders of Human Behaviour

Forensics

Palliative Care

End of Life Care

Autism

Epilepsy

Children with intellectual disabilities

Complex Disabilities, and on many occasions, a combination of the above.

The change in focus from the medical model to the social model of care has gradually provided the RNID with the opportunity to assist in empowering people with an intellectual disability and their families to take a more active role in accessing services which are more tailored to the individual, rather than providing care on a ‘one size fits all’ basis. The recent Value for Money Report, where budgets are allocated to the person rather than the service, should make this a more feasible prospect.

Services under the guidelines of all the aforementioned reports are to be delivered by a multi-disciplinary team. These teams will comprise of healthcare professionals such as a nurse, speech & language therapist, physiotherapist, social worker, occupational therapist, psychologist and where necessary, psychiatrist and paediatrician. Within this multi-disciplinary team, the RNID is the professional solely educated to work with people with an intellectual disability.

The RNID should play a key role as an advisor, educator and facilitator which is central to the team, especially during the transition from child to adult services, as this is the point in the lives of many people with an intellectual disability where difficulties arise in accessing services.

With the future of intellectual disability services due to begin a long road of service delivery change, the RNID should grasp the opportunity presented and strive to improve and develop their skills, in order to cement even further the indispensable need for nurses with the specific

and unique skill-set required to enable people with intellectual disabilities to enjoy life in a fully inclusive, accepting society.

**National Project:
Shaping the Future of Intellectual Disability Nursing**

In this ever changing landscape of care provision for individuals with intellectual disability and their families, the Office of the Nursing and Midwifery Services Director (ONMSD) is commencing a national project to shape the future role of the RNID.

A project steering group representing key stakeholders has been established to clearly identify the role and contribution of RNID's within a health and social model of care. The PNA are represented on this group by Liam Hamill, PNA National Intellectual Disability Representative.

The group will review national and international literature and evidence relating to the health and social care needs of individuals with intellectual disability, service provision of these needs, and the expanding and evolving role of RNID's.

“A project steering group representing key stakeholders has been established to clearly identify the role and contribution of RNID's within a health and social model of care.”

The group aims to identify where the future role of the RNID will interface with other multi-disciplinary health care professionals in primary, secondary and tertiary care services. They are required to submit a report to the Office of the Nursing and Midwifery Services Director (ONMSD) for publication before the end of the year.

The PNA would hope that as a result of this project, a clear vision of how RNID's can collaborate effectively with general health services, including mental health services, to address the barriers that exist for people with learning disabilities to improving their health.

We would also hope that post - registration career frameworks will reflect the values and rights-based focus of the Intellectual Disability Nurse.

Publications and Information Available on PNA website: www.pna.ie

Circulars

Clarifications and Updates on Frequently Asked Questions Document on Implementation of the Public Service Stability Agreement 2013-2016 (Haddington Road Agreement)

Senior Staff Nurse - HRA and Pensions Calculations

HSE Circulars Re Employees on Final Point of Scale

Clarification Twilight Payments and Late Starters

Voluntary Redundancy/Early Retirement

Community Allowance Clarification

Sponsorship of Postgraduate Certificate in Nursing /Midwifery

Update Critical Illness Protocol

Publications

National Action to Address Child Intentional Injury - What are European countries doing to prevent intentional injury to children --: (European Child Safety Alliance 2014)

Young Men & Suicide Project a Report on the All-Ireland Young Men and Suicide Project (Mental Health Forum in Ireland 2013)

Second Report of the Suicide Support and Information System (National Suicide Research Foundation 2013)

Quick Thinking Psychiatric Nurse Saves the Lives of Several People

Paul Lynam Loane, Dublin North Central recounts his experience in emergency fire fighting



“I knocked on the neighbouring house as their lights were on, to get them to evacuate their house and help raise the alarm, then I proceeded to knock on the ground floor door which nobody answered.”

On the morning of December the 11th 2013, on the way home from night duty I was driving down the North Circular Road when “flashing light” caught my eye from a second floor window of house No. 71NCR, I initially thought it was Christmas decorations lights but as I got closer I realised that it was not the case and that it was curtains on fire, I stopped and rang 999, reporting it and requesting a fire brigade to attend the fire, the 999 operator said to raise the alarm if I could, so I started by beeping the horn of my jeep along with the other motorists behind me trying to create as much noise as possible, I knocked on the neighbouring house as their lights were on, to get them to evacuate their house and help raise the alarm, then I proceeded to knock on the ground floor door which nobody answered. I then knocked furiously on the main hall door where I was accompanied by a man from the army barracks.

I saw a man open his curtains on the middle floor and look out at us then close them again as he didn't know what was going on, he did not open the door to us. At this stage the curtains that were on fire had fallen and were on the ground out in the front garden and the flames were growing in the room. Myself and the fellow passer-by had to go in so I gave the door two kicks and on the second we gained access to the house, only to be greeted by the man

coming for us in an aggressive manor. We accompanied the man outside to show him the fire and the man ran back into the house to wake up the people in his flat, as we raised the alarm shouting “Fire Fire” it was very dark with minimal light and very difficult to see. We kicked and banged on every door we saw and people just appeared from everywhere, we went upstairs and were greeted by smoke and flames, at this stage the initial room on fire was engulfed. We kicked the door to the left and found a couple in the room. There was a big bang I assumed it was from the window blowing out of the room that the fire started in and the Romanian man closed his door briefly. We had a look in the room but the flames were everywhere it was too great of a risk to enter the bed-sit which the fire was in we then turned to the room to the left and got them out. As we came out of the house the fire brigade had arrived and were setting up their hoses and as we walked out the fire men went in and got everyone to stay at the wall of the house the people that were in the house. I then sat in the jeep for 15/20 minutes to get my breath and stop coughing and the army man stayed to talk to the Gardai so I left my details with him and also the Gardai at the end of the street, I went home and when I settled down I went back down to see how it turned out. There was a lot of damage but thankfully no life was lost.

Turkish Delights – Contributions from PNA Delegates who attended the Horatio Congress in Istanbul October 2013

Paul Brophy, Kildare West Wicklow Mental Health Services
/ Officer Board National Treasurer

“The patients were able to log in to their profile, leave notes, record their mood and sleep patterns etc on an array of personalised monitoring scales via their smart phone while the staff were able to log in and see the results of the patients interaction on their profile site.”

Istanbul, host city of the European Nurses Psychiatric Congress was the destination of a strong PNA delegation last November. Attendance was approached with a mixture of healthy PNA cynicism and curiosity as well as good old fashion Irish determination to have a good time. Early mornings and late nights were the order of the day and while the impressive Harbiye Military museum building was the focus of proceedings from 9am to 5pm, the nearby Anfi Bar was to turn out to be the destination where the events of the day were analysed and debated, albeit with a slightly less critical eye late into the evening. Over the four days there were umpteen presentations, a number of keynote addresses and poster presentations. Some of the presentations were coming from a very different perspective and from countries where the Psychiatric Services are very much based on a model that Ireland has long since left behind but there was also presentations that made you pause and consider. Two such presentations made the trip worthwhile from this auld PNA member's perspective and one of them had a strong connection to the PNA itself.

A criticism that could be levered against some presentations is that they have limited relevance to real nursing but former PNA RDA Angela Cocoman's Oral presentation "How Irish Psychiatric Nurses can improve the physical health and well-being of patients receiving neuroleptic medication" managed to hit the nail on the head. The life expectancy of our patients on depot medication is significantly reduced due to poor dietary habits and lack of regular exercise. By taking some basic

measurements at our OPD's we can identify those patients most at risk and propose an action plan to them to help them achieve a longer life expectancy, no high faluting nonsense, no requirements to have any major equipment available, a tape, a scales and a height measurement and bob's your uncle. Practical nursing skills, resulting in real nursing interventions and ultimately resulting in positive and significant patient outcomes, what more could you want.

Now before you readers think you are dealing with a nursing dinosaur there was a second study from Canada which also made one pause and think. "Mental Health engagement network: connecting clients with their mental health team". The Canadian project team set up a secure technology platform within the mental health services IT system. Clients were supplied with a smart phone and access to their individual profiles inside the secure network, staff were supplied with iPad's and allowed access to their patients profiles. The patients were able to log in to their profile, leave notes, record their mood and sleep patterns etc on an array of personalised monitoring scales via their smart phone while the staff were able to log in and see the results of the patients interaction on their profile site. Working a little like a social network site the results were quite dramatic resulting in less frequent OPD contacts and increased sense of ownership and responsibility for monitoring one's own mental health. A pilot study showing positive possibilities for the use of modern technology in the treatment and assessment of mental health issues.

Returning home one wonders which project the HSE would be most likely to support, measuring tape versus a smart phone, weighing scales versus an iPad, no contest really if the request was to come from one of the many layers of HSE management, but if it was to come from frontline workers, well, you would probably have to supply your own tape.

An enjoyable trip, some interesting discussions, some fantastic memories and a few interesting tales made all the better by the members of the travelling party but of course as usual what goes on tour stays on tour.....

Horatio European Psychiatric Nursing



Nursing Congress Istanbul 2013



Trip to Horatio Istanbul

Patricia Toland Donegal Services / Officer Board Member

“For anyone who has never been to a Horatio event please do your best to find out about it and try to get to at least one, the people you will meet are inspiring, passionate about their chosen career, ordinary people who do an extraordinary job...”

First and foremost I would like to thank the PNA for giving me the opportunity to travel to Istanbul last October to attend the Horatio conference. I was one of the bursary winners and without the bursary there was no way I would have been able to attend.... For anyone who has never been to a Horatio event please do your best to find out about it and try to get to at least one, the people you will meet are inspiring, passionate about their chosen career, ordinary people who do an extraordinary job...

It was an honour to be part of the Irish delegation, to be part of a great group of people and to have had the opportunity to hear some fantastic presentations not least from our own presenters Audrey Coveney and Angela Cocoman and also Catherine Cocoman, who's poster entitled 'Registered

General nurse's experiences of caring for patients with a psychiatric diagnosis ' won the poster competition, huge congratulations to her and to the others, I'm sure it wasn't easy to stand up in front of a foreign audience and to give the excellent presentation that they did, but fair play to the Irish they gave it they're all.

It was impossible to get to all of the presentations so we picked what was relevant to our work and to some of the others that sounded interesting.

Of course there was the social side to Istanbul; the city itself is both beautiful and sad as most cities with such a huge population can be. The sights were amazing, the Blue Mosque, the Grand Bazaar, the Bosphorus. I tried to see as much as I could in one day but that was a totally impossible task, so I left Istanbul having seen what I could and having met some wonderful people, but most of all having cemented the friendships I have made with my colleagues from the PNA

So again I would like to thank the PNA for the fantastic opportunity and hopefully will see more Irish nurses presenting at the next Horatio conference in Malta.....



Synopsis of my experience of the Horatio European Psychiatric Nurses' Conference, Istanbul 2013

Catherine Cocoman, Kildare West Wicklow
Mental Health Services



“The conference was an eye opener to say the least in particular to be made aware of the state of art of psychiatric nursing across international fields. Professionally the conference was influential in linking nurses with shared goals. Emails were swapped in the hope of helping and learning from each other.”

My journey to conference started in September 2011 when I walked through the gates of Trinity College for the second time. My goal was to complete the higher diploma in mental health. However, my love of learning and the environment within the school of nursing and midwifery in D’Olier street made it hard to leave and I subsequently went on to complete the masters in mental health.

Once the hard work of carrying out the research study was completed it seemed a shame not to disseminate the findings to a wider audience. I carried out a qualitative descriptive study of registered general nurses’ experiences of caring for patients with a psychiatric diagnosis. The research study becomes part of you and you feel responsible to spread what you perceive as vital new information to as many as possible. I had discussed many forums through which to disseminate the information with my supervisor Ms Jean Morrissey (Lecturer, TCD) and she advised conference among many.

Thanks to the PNA and their kind bursary, I had the opportunity to travel to a unique country, experience a very

cultural city while also attending my first international conference. I choose a poster presentation and once again found myself on a steep learning curve learning how to even make a poster !! The conference was an eye opener to say the least in particular to be made aware of the state of art of psychiatric nursing across international fields. Professionally the conference was influential in linking nurses with shared goals. Emails were swapped in the hope of helping and learning from each other.

The Irish contingency became a family from the time we landed and spent the next few days supporting each other through the many presentations made by the Irish crew. I think some canvassing for votes occurred on my behalf too. Overall it was an unforgettable experience from a professional and personal perspective. Thanks to my new Horatio Istanbul friends for giving me a ‘big head’, telling how great my poster was. I would encourage other nurses to attend this conference in the future.

Catherine Cocoman won first prize for her poster Registered General Nurses (RGN) experiences of caring for people with a psychiatric diagnosis

Update on Haddington Road Agreement (HRA)

Peter Hughes Industrial Relations Officer (IRO)

Long Term Actors

The process of regularisation of long term actors has been frustratingly slow around the country. We have raised this nationally with the HSE. The process of regularisation is effective from 01/10/13 and appointments will be retrospective to that date. We have been informed by the HSE that they are processing the cases of those in receipt of acting allowances who fit the criteria in the first instance. Those who fit the criteria but were not in receipt of an allowance will be dealt with in the second tranch. We have also being informed that there are plans to establish an Appeals system.

The criteria for regularisation is as follows:

- The person must be acting in the post on a continuous basis for at least two years at the 31st December 2012.
- Starting pay will be determined by way of the value of the acting allowance received added to the basic rate and rounded to the nearest point but not below on the new scale.
- For further details refer to HSE HR Circular 017/2013, 15/10/13

“Starting pay will be determined by way of the value of the acting allowance received added to the basic rate and rounded to the nearest point but not below on the new scale.”

- The Department of Health in Consultation with the Department of Public Expenditure and Reform have confirmed that the Senior Staff Nurse is recognised as a promotional post. Given this, the position in relation to the increment and pension issues arising is:-
 - I. Those moving to Senior Staff Nurse under the Haddington Road Agreement do not attract the top of scale provisions (in line with the fact that single point scales do not attract them), and
 - II. As the Senior Staff Nurse Post is a promotional post, averaging rules for pension purposes will apply. This is in accordance with pension scheme rules.

Senior Staff Nurse

The cohort of nurses qualifying for the position of Senior Staff Nurse which were not processed in the preceding four years will be processed into the grade with effect from 01/07/13 with the 5th November becoming the qualifying date thereafter.

- Senior Staff Nurses are not liable for any deductions or annual leave reductions.
- In accordance with the new arrangements on acting up, which applied to all grades including Senior Staff Nurses. For those newly appointed Senior Staff Nurses under HRA (i.e. those delayed since 2009) there is a requirement to act up at ward level for short term leave, up to a 3 month period, without payment of acting up allowance.
- If any person acts up for a period in excess of 3 months, the salary for the higher post will be paid retrospectively from day one. This applies to all grades inclusive of Senior Staff Nurse.

Haddington Road Agreement – Employees on final point of the scale with salaries between €35000 and €65000 (Inclusive of allowances in the nature of pay)

A number of clarifications have been circulated by HSE CERS in relation to this. These are available on the PNA website. Some key points:

- This provision does not apply to employees who are on single point salaries (e.g. Senior Staff nurse)
- The final LSI is considered the maximum of the scale for this purpose.
- Contributions to be made from salary will be made from net salary in all cases. (i.e. net of all statutory deductions including Tax, PRSI, PRD, etc)
- Contributions will be calculated on gross pay rates and reduced by 62%.
- Stated contributions to be made from salary represent the total contribution required under this provision for the term of the agreement. (to July 2016)

- Those opting to pay “half the most recent increment” must have the amount fully paid within 12 months of the first deduction. “Increment” is deemed to be the difference between the current value of the final point and the current value of the previous point on the scale. The cost of this deduction should be provided by the service.
- Please note in the absence of any instruction by the employee to elect for the alternative contribution methods the default position is that the annual leave allowance for the employee concerned will be reduced.
- A number of services are applying these deductions to those being processed for Senior Staff Nurse Posts and long term actors’ posts. Long term actors due for regularisation and Senior Staff Nurses who became eligible on 5th November 2013 have a one third liability e.g. 2 days annual leave. These deductions do not apply to those Senior Staff Nurses ratified on the 1st July 2013 as per HRA.

This issue has been raised with the HSE CERS. It is imperative that branches advise local management of these exemptions.

1. In the case of staff who reach the maximum during the course of the Agreement the following will apply, regardless of when, during the course of the particular year they become liable to the deduction.
 - A) 2013 - 6 days or **half** of the most recent increment
 - B) 2014 - 4 days or **one third** of the most recent increment
 - C) 2015 - 2 days or **one quarter** of the most recent increment

Those reaching the max in 2016 are not impacted.

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New Cuts in Public Sick Leave Pay are Stringent in the Extreme

Michael Hayes Industrial Relations Officer (IRO)

“The New scheme does not take any allowance for employees who have suffered a critical illness and will effectively give the result of denying these people any access to sick leave entitlements if falling ill.”

Michael Hayes Industrial Relations Officer provides an outline: As you may be aware over the last few months the Psychiatric Nurses Association has campaigned to highlight discriminatory elements of the New Public Service Sick Leave Scheme. This issue was brought before the Labour Court and was subject to Labour Court Recommendation 20335. The Psychiatric Nurses' Association was excluded from this process and thus was unable to argue against any of its components. The state has now introduced the new Scheme (31 March 2014) in order to modify entitlement to paid sick leave to three months full pay and three months half pay. This will halve the current entitlement of our members. We have also voiced our concerns that the scheme will calculate future sick leave entitlement retrospectively, over the last four years back to the 31st March 2010.

We have highlighted that the scheme discriminates against those suffering a disability and is contrary to Equality legislation and therefore unlawful. We believe that this legislation is a direct attack on those most vulnerable working in the Public service and that its implementation of a retrospective application raises constitutional questions. We also believe that Pregnancy related sick leave being counted in determining eligibility is an attack on women and as such is discriminatory.

The New scheme does not take any allowance for employees who have suffered a critical illness and will effectively give the result of denying these people any access to sick leave entitlements if falling ill.

It is our belief that the Terms and Conditions of the previous sick leave scheme were in place since at least 1971 and Health Sector Circular 10/71. In its recommendation the labour court stated that “The current arrangements in place in the public service are of long standing and while they may not amount to a contractual entitlement in the strict sense they are an established condition of service of those to whom they apply”. We believe that any retrospective element of this legislation can be challenged under constitutional grounds. They are:

- Unjust attack on property rights of an individual contrary to the constitution.
- Contrary to the Constitutional Guarantee of Equality.
- Retrospective Legislation is unconstitutional.

The PNA sees this new scheme as a direct attack on:

Pregnancy Related Illnesses

Pregnancy related illness being included in the calculation of non-entitlement is clearly discriminatory. The token changes to the critical illness definition recommended in the labour court (recommendation 20667) result in no more than an added complication to be dealt with by an expectant Mother. To suggest that Critical Illness cover would only be given in circumstances where “a pregnancy related illness gives rise to the requirement for two or more consecutive days of in-patient Hospital/clinic care” is discriminatory and does not take into account pregnancy related conditions that may not require hospitalisation such as Hypertension, Deep Venous Thrombosis etc.

Discrimination on Grounds of Disability

- The introduction of this legislation is in our view unlawful under the Equality Legislation as it discriminates against those with a disability.

Mental Illness / Psychological Distress

The labour Court also recommended in 20667 that “more general access to the CIP would impact adversely on the main objective of the reform of sick leave for the public service”. It also states that “Indeed in many cases returning to work and avoiding a prolonged absence from work has a measurable therapeutic benefit”. This could not be further from the truth for the vast majority of our members whom work in very stressful environments and would not be in a position to benefit from a return to work.

Notwithstanding this situation and our belief that the introduction of the New Scheme is a retrograde action against all of our members, we are now left with limited options. We have canvassed and looked for support from various Political Parties and Independent TDs to attempt facilitate a change to the legislation planned to come before Dail Eireann in the coming weeks. We would seek that the Bill be amended to exclude the retrospective element for those who have suffered a critical illness in the last four years. These nurses are the most vulnerable members of our workforce and will be faced with the possibility of no pay if finding themselves unwell for any reason in the future. These are Nurses who have suffered considerable hardships in recent times with critical illnesses and are now faced with a future of no protection for themselves or their families.

We believe this legislation is an attack on those most vulnerable working in our State Services but to introduce retrospective application of this new scheme has to rate as a step too far. It is also an attack on women. Our Public and Civil Services are delivered predominately by women. Many women have pregnancy related illnesses and this related sick leave will be counted in determining eligibility. This clearly is also an equality issue as it is discriminatory. I must ask the question who cares for the care/service provider?

Recollections from a Recent Gaeltacht Graduate

Gráinne Ní Cheallaigh (Daughter of Rita Kelly PNA Laois/Offaly) recalls her experiences



Ireland has finally exited the EU Bailout Programme, and we are on our way back to some form of economic freedom and stability. The past few years have seen cutback after cutback, tax hike after tax hike, and job loss after job loss. Across the country belts were tightened, we stopped getting weekly blow-dries and holidayed on Irish soil. But why is it that it was in these austere times, more students than ever flocked to the Gaeltacht to learn our native tongue, the Irish that is supposedly 'dying'?

I have spent the past couple of summers in Connemara, working with an organisation called Spleodar, which runs three week Irish language immersion courses in the Gaeltacht. I got involved after my second course as a student. I was heading into my leaving cert year, and I didn't like the idea of never being able to have those three weeks of craic ever again, so I applied for a job. Some of the best friends I ever made were made on those courses, and I know that I have Spleodar to thank for that A1 in August 2011.

I love my job. I really, really love it! Not many people can genuinely say they loved the job they had as a college student, but then not many people have worked in an Irish college. In my opinion it is one of the most rewarding jobs you could possibly have. Imagine a twelve year old girl; quiet and shy, not much Irish, and never been away from her parents for more than a few days. Let's call her Amy. Amy goes away to the Gaeltacht with her best friend Rachel for three weeks at the start of the summer. The two girls are staying in a house with ten other girls and their Cinnire, and obviously Bean an Tí and

her family. For the first few days they don't speak much, except to each other, and even at that it's only a few words of broken conversation because they don't want to slip up, speak English and get in trouble. During the day, they don't see much of each other, because they are in separate classes and activity groups. Then, after three or four days, survival instinct kicks in. The two girls start to make friends with people in their classes and activity groups. They start to learn Irish, because otherwise they can't talk to people. Amy realises that she's actually really good at football, and Rachel discovers she has a flair for the dramatics. By the end of the three weeks, both girls have made a hundred new friends, discovered a new talent, and improved their Irish no end!

I have seen it over and over again. Learning Irish almost comes as a happy, accidental bonus to having fun and making friends. It is incredible to see how much a person's confidence can grow in such a short time frame. Although it is our job to teach the students Irish and show them how it can be used every day, we, as Cinnirí, Ard-Chinnirí and Cúinteoirí, are also there to act as 'Big Sisters' or 'Big Brothers' for the students in the houses, and as mentors for them. We work to make sure they are happy and comfortable, and to bring out the best in each and every one of the students on our course. Part of Spleodar's aim is to 'entice leadership' from the students and to 'ensure everyone reaches their full potential'.

This is exactly why I would recommend to everyone to do at least one course in the Gaeltacht. It is such an incredible experience, and it is such an incredible opportunity to really improve your Irish, and learn about yourself. I know that, for me, personally, my first trip to the Gaeltacht was such an amazing trip. I made so many friends, gained so much confidence, and learned so much independence. I cannot possibly put into words how much fun I had on that course, and continue to have on each and every course I go on, even now that I'm working. I find that most people on the courses are open to making friends, learning Irish, and having new experiences and this openness and friendliness is something that everyone should experience at least once in their lives. It is such an extraordinary experience and I really and truly can't recommend it enough!

The PNA sponsors a number of Gaeltacht Courses through Gael Linn, this year's winners are:

Mariana Byrne
(St Otterans)

Conor Ward
(West Galway)

Jesse Mc Cormack
(Clonmel)

Saobhbh O'Brien
(St Brendan's)

Justine Kelly
(Verge mount)

Thomas Lyons
(Limerick)

Rachel O' Donnell
(Clonmel)

Alannah Clarke
(Kilkenny)

Heidi Mc Crudden
(Monaghan)

Annette Monaghan
(Galway)



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